



Varicella Outbreak Report Form

NBS Outbreak Name: _____

Lead Investigator: _____

Date Submitted: ____/____/____

JURISDICTION(S) INVOLVED:

Total # Cases: _____

Jurisdiction: _____ # Cases: _____ Investigator: _____

Jurisdiction: _____ # Cases: _____ Investigator: _____

Jurisdiction: _____ # Cases: _____ Investigator: _____

Jurisdiction: _____ # Cases: _____ Investigator: _____

CASE DATA:

DATE OF SYMPTOM ONSET, FIRST CASE: ____/____/____ DATE OF SYMPTOM ONSET, LAST CASE: ____/____/____

Were any cases lab-confirmed (PCR, culture, DFA or Significant rise in IgG) : ☐ Yes ☐ No ☐ Unknown

If yes, total number of lab-confirmed cases: _____

SITE(S) OF OUTBREAK (e.g. name of daycare, school, business, household, etc.) and VACCINE COVERAGE LEVELS (% of population at that site with 0, 1 or 2 doses of varicella vaccine):

Site: _____

Site: _____

cases at this location: _____

cases at this location: _____

_____ % with one dose of varicella vaccine

_____ % with one dose of varicella vaccine

_____ % with two doses of varicella vaccines

_____ % with two doses of varicella vaccines

_____ % unvaccinated

_____ % unvaccinated

Site: _____

Site: _____

cases at this location: _____

cases at this location: _____

_____ % with one dose of varicella vaccine

_____ % with one dose of varicella vaccine

_____ % with two doses of varicella vaccines

_____ % with two doses of varicella vaccines

_____ % unvaccinated

_____ % unvaccinated

COMMENTS:

An outbreak of varicella is defined as 3 or more cases connected in location within 42 days. Make sure all outbreak-related cases are entered in NBS as confirmed cases and associated with the outbreak name. Additionally, obtain vaccine history and severity (# lesions) for each case and enter it in NBS. This information should be entered into NBS for each case. Contact the VPD team at 512-776-7676 for questions or for assistance with control measures/outbreak response.